

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$3,905,172	\$5,513,612	\$1,608,440	41%
2	Short Term Investments	\$9,660,079	\$7,625,803	(\$2,034,276)	-21%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$15,222,331	\$17,025,431	\$1,803,100	12%
4	Current Assets Whose Use is Limited for Current Liabilities	\$522,512	\$704,176	\$181,664	35%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$0	\$794,648	\$794,648	0%
8	Prepaid Expenses	\$0	\$1,810,064	\$1,810,064	0%
9	Other Current Assets	\$3,851,849	\$3,689,858	(\$161,991)	-4%
	Total Current Assets	\$33,161,943	\$37,163,592	\$4,001,649	12%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,644,228	\$3,367,120	(\$277,108)	-8%
2	Board Designated for Capital Acquisition	\$319,085	\$31,384	(\$287,701)	-90%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,477,576	\$4,288,799	(\$188,777)	-4%
	Total Noncurrent Assets Whose Use is Limited:	\$8,440,889	\$7,687,303	(\$753,586)	-9%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$1,061,664	\$1,030,970	(\$30,694)	-3%
7	Other Noncurrent Assets	\$15,313,030	\$14,670,358	(\$642,672)	-4%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$140,660,731	\$144,276,522	\$3,615,791	3%
2	Less: Accumulated Depreciation	\$77,052,764	\$82,909,524	\$5,856,760	8%
	Property, Plant and Equipment, Net	\$63,607,967	\$61,366,998	(\$2,240,969)	-4%
3	Construction in Progress	\$435,639	\$715,189	\$279,550	64%
	Total Net Fixed Assets	\$64,043,606	\$62,082,187	(\$1,961,419)	-3%
	Total Assets	\$122,021,132	\$122,634,410	\$613,278	1%

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		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$25,047,155	\$24,726,325	(\$320,830)	-1%
2	Salaries, Wages and Payroll Taxes	\$0	\$1,909,525	\$1,909,525	0%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$6,288,902	\$6,380,271	\$91,369	1%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$846,240	\$991,382	\$145,142	17%
	Total Current Liabilities	\$32,182,297	\$34,007,503	\$1,825,206	6%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$49,676,494	\$48,524,613	(\$1,151,881)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$49,676,494	\$48,524,613	(\$1,151,881)	-2%
3	Accrued Pension Liability	\$36,275,269	\$50,147,716	\$13,872,447	38%
4	Other Long Term Liabilities	\$21,034,333	\$22,212,432	\$1,178,099	6%
	Total Long Term Liabilities	\$106,986,096	\$120,884,761	\$13,898,665	13%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$24,966,200)	(\$39,665,385)	(\$14,699,185)	59%
2	Temporarily Restricted Net Assets	\$2,014,450	\$1,880,150	(\$134,300)	-7%
3	Permanently Restricted Net Assets	\$5,804,489	\$5,527,381	(\$277,108)	-5%
	Total Net Assets	(\$17,147,261)	(\$32,257,854)	(\$15,110,593)	88%
	Total Liabilities and Net Assets	\$122,021,132	\$122,634,410	\$613,278	1%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$381,244,191	\$392,114,744	\$10,870,553	3%
2	Less: Allowances	\$254,199,065	\$262,536,248	\$8,337,183	3%
3	Less: Charity Care	\$8,958,645	\$7,580,152	(\$1,378,493)	-15%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$118,086,481	\$121,998,344	\$3,911,863	3%
5	Other Operating Revenue	\$3,769,345	\$5,999,588	\$2,230,243	59%
6	Net Assets Released from Restrictions	\$12,143	\$27,869	\$15,726	130%
	Total Operating Revenue	\$121,867,969	\$128,025,801	\$6,157,832	5%
B. Operating Expenses:					
1	Salaries and Wages	\$54,104,792	\$53,580,272	(\$524,520)	-1%
2	Fringe Benefits	\$16,257,718	\$17,004,903	\$747,185	5%
3	Physicians Fees	\$1,856,329	\$2,519,049	\$662,720	36%
4	Supplies and Drugs	\$15,173,899	\$16,298,191	\$1,124,292	7%
5	Depreciation and Amortization	\$6,320,420	\$5,747,143	(\$573,277)	-9%
6	Bad Debts	\$1,246,161	\$3,349,408	\$2,103,247	169%
7	Interest	\$2,555,303	\$2,618,102	\$62,799	2%
8	Malpractice	\$1,495,789	\$2,414,227	\$918,438	61%
9	Other Operating Expenses	\$21,483,073	\$22,636,723	\$1,153,650	5%
	Total Operating Expenses	\$120,493,484	\$126,168,018	\$5,674,534	5%
	Income/(Loss) From Operations	\$1,374,485	\$1,857,783	\$483,298	35%
C. Non-Operating Revenue:					
1	Income from Investments	\$886,194	\$218,353	(\$667,841)	-75%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$886,194	\$218,353	(\$667,841)	-75%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$2,260,679	\$2,076,136	(\$184,543)	-8%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$3,205,803)	(\$2,254,874)	\$950,929	-30%
	Total Other Adjustments	(\$3,205,803)	(\$2,254,874)	\$950,929	-30%
	Excess/(Deficiency) of Revenue Over Expenses	(\$945,124)	(\$178,738)	\$766,386	-81%
	Principal Payments	\$1,305,000	\$1,790,000	\$485,000	37%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$78,995,489	\$73,719,430	(\$5,276,059)	-7%
2	MEDICARE MANAGED CARE	\$30,619,898	\$32,229,271	\$1,609,373	5%
3	MEDICAID	\$10,781,741	\$12,675,177	\$1,893,436	18%
4	MEDICAID MANAGED CARE	\$8,579,032	\$8,010,233	(\$568,799)	-7%
5	CHAMPUS/TRICARE	\$165,814	\$183,889	\$18,075	11%
6	COMMERCIAL INSURANCE	\$4,108,494	\$4,053,664	(\$54,830)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$45,768,253	\$50,988,295	\$5,220,042	11%
8	WORKER'S COMPENSATION	\$1,544,059	\$1,639,569	\$95,510	6%
9	SELF- PAY/UNINSURED	\$2,077,313	\$2,439,472	\$362,159	17%
10	SAGA	\$2,340,357	\$0	(\$2,340,357)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$184,980,450	\$185,939,000	\$958,550	1%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$46,030,067	\$47,649,299	\$1,619,232	4%
2	MEDICARE MANAGED CARE	\$20,193,889	\$22,878,516	\$2,684,627	13%
3	MEDICAID	\$8,309,230	\$14,113,862	\$5,804,632	70%
4	MEDICAID MANAGED CARE	\$14,782,418	\$13,455,425	(\$1,326,993)	-9%
5	CHAMPUS/TRICARE	\$437,309	\$309,392	(\$127,917)	-29%
6	COMMERCIAL INSURANCE	\$6,200,799	\$6,436,389	\$235,590	4%
7	NON-GOVERNMENT MANAGED CARE	\$86,886,895	\$89,842,226	\$2,955,331	3%
8	WORKER'S COMPENSATION	\$3,315,725	\$4,260,571	\$944,846	28%
9	SELF- PAY/UNINSURED	\$7,665,602	\$7,230,020	(\$435,582)	-6%
10	SAGA	\$2,441,807	\$0	(\$2,441,807)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$196,263,741	\$206,175,700	\$9,911,959	5%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$125,025,556	\$121,368,729	(\$3,656,827)	-3%
2	MEDICARE MANAGED CARE	\$50,813,787	\$55,107,787	\$4,294,000	8%
3	MEDICAID	\$19,090,971	\$26,789,039	\$7,698,068	40%
4	MEDICAID MANAGED CARE	\$23,361,450	\$21,465,658	(\$1,895,792)	-8%
5	CHAMPUS/TRICARE	\$603,123	\$493,281	(\$109,842)	-18%
6	COMMERCIAL INSURANCE	\$10,309,293	\$10,490,053	\$180,760	2%
7	NON-GOVERNMENT MANAGED CARE	\$132,655,148	\$140,830,521	\$8,175,373	6%
8	WORKER'S COMPENSATION	\$4,859,784	\$5,900,140	\$1,040,356	21%
9	SELF- PAY/UNINSURED	\$9,742,915	\$9,669,492	(\$73,423)	-1%
10	SAGA	\$4,782,164	\$0	(\$4,782,164)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$381,244,191	\$392,114,700	\$10,870,509	3%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$28,350,898	\$26,718,237	(\$1,632,661)	-6%
2	MEDICARE MANAGED CARE	\$9,063,248	\$9,723,105	\$659,857	7%
3	MEDICAID	\$4,012,546	\$3,294,769	(\$717,777)	-18%
4	MEDICAID MANAGED CARE	\$2,086,128	\$1,985,560	(\$100,568)	-5%
5	CHAMPUS/TRICARE	\$117,332	\$26,765	(\$90,567)	-77%
6	COMMERCIAL INSURANCE	\$1,358,819	\$1,453,727	\$94,908	7%
7	NON-GOVERNMENT MANAGED CARE	\$16,880,403	\$19,003,831	\$2,123,428	13%
8	WORKER'S COMPENSATION	\$1,235,698	\$1,225,543	(\$10,155)	-1%
9	SELF- PAY/UNINSURED	\$114,962	\$164,449	\$49,487	43%
10	SAGA	\$38,957	\$0	(\$38,957)	-100%
11	OTHER	\$0	\$0	\$0	0%

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FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$63,258,991	\$63,595,986	\$336,995	1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$9,064,419	\$9,467,600	\$403,181	4%
2	MEDICARE MANAGED CARE	\$4,199,489	\$4,647,569	\$448,080	11%
3	MEDICAID	\$1,859,281	\$2,732,509	\$873,228	47%
4	MEDICAID MANAGED CARE	\$3,346,933	\$2,707,001	(\$639,932)	-19%
5	CHAMPUS/TRICARE	\$119,245	\$79,788	(\$39,457)	-33%
6	COMMERCIAL INSURANCE	\$3,688,631	\$3,574,245	(\$114,386)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$29,615,633	\$30,616,946	\$1,001,313	3%
8	WORKER'S COMPENSATION	\$2,044,913	\$1,741,099	(\$303,814)	-15%
9	SELF- PAY/UNINSURED	\$424,229	\$329,245	(\$94,984)	-22%
10	SAGA	\$23,553	\$0	(\$23,553)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$54,386,326	\$55,896,002	\$1,509,676	3%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$37,415,317	\$36,185,837	(\$1,229,480)	-3%
2	MEDICARE MANAGED CARE	\$13,262,737	\$14,370,674	\$1,107,937	8%
3	MEDICAID	\$5,871,827	\$6,027,278	\$155,451	3%
4	MEDICAID MANAGED CARE	\$5,433,061	\$4,692,561	(\$740,500)	-14%
5	CHAMPUS/TRICARE	\$236,577	\$106,553	(\$130,024)	-55%
6	COMMERCIAL INSURANCE	\$5,047,450	\$5,027,972	(\$19,478)	0%
7	NON-GOVERNMENT MANAGED CARE	\$46,496,036	\$49,620,777	\$3,124,741	7%
8	WORKER'S COMPENSATION	\$3,280,611	\$2,966,642	(\$313,969)	-10%
9	SELF- PAY/UNINSURED	\$539,191	\$493,694	(\$45,497)	-8%
10	SAGA	\$62,510	\$0	(\$62,510)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$117,645,317	\$119,491,988	\$1,846,671	2%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,659	2,426	(233)	-9%
2	MEDICARE MANAGED CARE	1,014	1,056	42	4%
3	MEDICAID	590	623	33	6%
4	MEDICAID MANAGED CARE	688	683	(5)	-1%
5	CHAMPUS/TRICARE	10	6	(4)	-40%
6	COMMERCIAL INSURANCE	182	155	(27)	-15%
7	NON-GOVERNMENT MANAGED CARE	2,382	2,406	24	1%
8	WORKER'S COMPENSATION	30	27	(3)	-10%
9	SELF- PAY/UNINSURED	103	112	9	9%
10	SAGA	61	0	(61)	-100%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	7,719	7,494	(225)	-3%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	13,846	12,247	(1,599)	-12%
2	MEDICARE MANAGED CARE	4,777	4,847	70	1%
3	MEDICAID	2,863	3,133	270	9%
4	MEDICAID MANAGED CARE	2,042	1,893	(149)	-7%
5	CHAMPUS/TRICARE	25	14	(11)	-44%
6	COMMERCIAL INSURANCE	938	618	(320)	-34%
7	NON-GOVERNMENT MANAGED CARE	8,166	8,376	210	3%
8	WORKER'S COMPENSATION	70	87	17	24%
9	SELF- PAY/UNINSURED	326	334	8	2%
10	SAGA	376	0	(376)	-100%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	33,429	31,549	(1,880)	-6%
C.	OUTPATIENT VISITS				

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LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	30,361	32,082	1,721	6%
2	MEDICARE MANAGED CARE	13,035	13,628	593	5%
3	MEDICAID	6,469	12,790	6,321	98%
4	MEDICAID MANAGED CARE	11,472	11,344	(128)	-1%
5	CHAMPUS/TRICARE	180	193	13	7%
6	COMMERCIAL INSURANCE	4,644	4,192	(452)	-10%
7	NON-GOVERNMENT MANAGED CARE	46,539	50,107	3,568	8%
8	WORKER'S COMPENSATION	2,172	2,527	355	16%
9	SELF- PAY/UNINSURED	5,434	5,377	(57)	-1%
10	SAGA	2,048	0	(2,048)	-100%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	122,354	132,240	9,886	8%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$8,568,470	\$8,981,845	\$413,375	5%
2	MEDICARE MANAGED CARE	\$3,188,315	\$3,327,408	\$139,093	4%
3	MEDICAID	\$2,142,447	\$7,317,414	\$5,174,967	242%
4	MEDICAID MANAGED CARE	\$7,666,198	\$7,160,378	(\$505,820)	-7%
5	CHAMPUS/TRICARE	\$153,554	\$175,005	\$21,451	14%
6	COMMERCIAL INSURANCE	\$1,517,637	\$1,338,929	(\$178,708)	-12%
7	NON-GOVERNMENT MANAGED CARE	\$17,959,577	\$17,556,694	(\$402,883)	-2%
8	WORKER'S COMPENSATION	\$897,526	\$844,807	(\$52,719)	-6%
9	SELF- PAY/UNINSURED	\$4,281,686	\$3,694,036	(\$587,650)	-14%
10	SAGA	\$3,181,726	\$0	(\$3,181,726)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$49,557,136	\$50,396,516	\$839,380	2%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$2,063,343	\$1,985,053	(\$78,290)	-4%
2	MEDICARE MANAGED CARE	\$840,066	\$755,969	(\$84,097)	-10%
3	MEDICAID	\$398,765	\$1,298,900	\$900,135	226%
4	MEDICAID MANAGED CARE	\$1,783,700	\$1,718,138	(\$65,562)	-4%
5	CHAMPUS/TRICARE	\$29,618	\$51,331	\$21,713	73%
6	COMMERCIAL INSURANCE	\$629,362	\$586,135	(\$43,227)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$7,016,982	\$6,749,698	(\$267,284)	-4%
8	WORKER'S COMPENSATION	\$578,956	\$572,785	(\$6,171)	-1%
9	SELF- PAY/UNINSURED	\$184,812	\$143,795	(\$41,017)	-22%
10	SAGA	\$465,192	\$0	(\$465,192)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$13,990,796	\$13,861,804	(\$128,992)	-1%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	4,645	4,846	201	4%
2	MEDICARE MANAGED CARE	1,509	1,604	95	6%
3	MEDICAID	1,408	4,289	2,881	205%
4	MEDICAID MANAGED CARE	6,709	7,246	537	8%
5	CHAMPUS/TRICARE	115	150	35	30%
6	COMMERCIAL INSURANCE	969	946	(23)	-2%
7	NON-GOVERNMENT MANAGED CARE	11,829	11,883	54	0%
8	WORKER'S COMPENSATION	817	837	20	2%
9	SELF- PAY/UNINSURED	3,257	3,164	(93)	-3%
10	SAGA	2,144	0	(2,144)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	33,402	34,965	1,563	5%

**GRIFFIN HOSPITAL
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$18,665,249	\$20,006,613	\$1,341,364	7%
2	Physician Salaries	\$5,144,632	\$3,479,944	(\$1,664,688)	-32%
3	Non-Nursing, Non-Physician Salaries	\$30,294,911	\$30,093,715	(\$201,196)	-1%
	Total Salaries & Wages	\$54,104,792	\$53,580,272	(\$524,520)	-1%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$5,608,641	\$6,349,548	\$740,907	13%
2	Physician Fringe Benefits	\$1,545,889	\$1,104,438	(\$441,451)	-29%
3	Non-Nursing, Non-Physician Fringe Benefits	\$9,103,188	\$9,550,917	\$447,729	5%
	Total Fringe Benefits	\$16,257,718	\$17,004,903	\$747,185	5%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$1,856,329	\$2,519,049	\$662,720	36%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$1,856,329	\$2,519,049	\$662,720	36%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$11,920,447	\$12,758,530	\$838,083	7%
2	Pharmaceutical Costs	\$3,253,452	\$3,539,661	\$286,209	9%
	Total Medical Supplies and Pharmaceutical Cost	\$15,173,899	\$16,298,191	\$1,124,292	7%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,017,839	\$2,453,999	(\$563,840)	-19%
2	Depreciation-Equipment	\$3,302,581	\$3,293,144	(\$9,437)	0%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$6,320,420	\$5,747,143	(\$573,277)	-9%
F. Bad Debts:					
1	Bad Debts	\$1,246,161	\$3,349,408	\$2,103,247	169%
G. Interest Expense:					
1	Interest Expense	\$2,555,303	\$2,618,102	\$62,799	2%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,495,789	\$2,414,227	\$918,438	61%
I. Utilities:					
1	Water	\$289,200	\$328,229	\$39,029	13%
2	Natural Gas	\$846,102	\$840,199	(\$5,903)	-1%
3	Oil	\$32,377	\$23,965	(\$8,412)	-26%
4	Electricity	\$2,152,168	\$2,157,722	\$5,554	0%
5	Telephone	\$399,577	\$353,746	(\$45,831)	-11%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$3,719,424	\$3,703,861	(\$15,563)	0%
J. Business Expenses:					
1	Accounting Fees	\$246,270	\$234,220	(\$12,050)	-5%
2	Legal Fees	\$138,119	\$119,069	(\$19,050)	-14%
3	Consulting Fees	\$175,035	\$592,064	\$417,029	238%
4	Dues and Membership	\$355,435	\$228,327	(\$127,108)	-36%
5	Equipment Leases	\$1,245,773	\$1,160,748	(\$85,025)	-7%
6	Building Leases	\$275,495	\$294,650	\$19,155	7%
7	Repairs and Maintenance	\$2,855,400	\$2,962,262	\$106,862	4%
8	Insurance	\$351,966	\$348,815	(\$3,151)	-1%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Travel	\$217,346	\$218,463	\$1,117	1%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$78,204	\$145,921	\$67,717	87%
12	General Supplies	\$2,072,497	\$2,259,358	\$186,861	9%
13	Licenses and Subscriptions	\$423,570	\$445,355	\$21,785	5%
14	Postage and Shipping	\$150,781	\$109,543	(\$41,238)	-27%
15	Advertising	\$348,573	\$296,830	(\$51,743)	-15%
16	Other Business Expenses	\$8,829,185	\$9,517,237	\$688,052	8%
	Total Business Expenses	\$17,763,649	\$18,932,862	\$1,169,213	7%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$120,493,484	\$126,168,018	\$5,674,534	5%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$2,863,670	\$3,262,584	\$398,914	14%
2	General Accounting	\$1,063,226	\$1,205,173	\$141,947	13%
3	Patient Billing & Collection	\$1,896,065	\$1,828,072	(\$67,993)	-4%
4	Admitting / Registration Office	\$954,277	\$991,467	\$37,190	4%
5	Data Processing	\$1,489,725	\$1,915,075	\$425,350	29%
6	Communications	\$292,188	\$286,638	(\$5,550)	-2%
7	Personnel	\$1,259,958	\$1,323,926	\$63,968	5%
8	Public Relations	\$991,156	\$934,435	(\$56,721)	-6%
9	Purchasing	\$326,415	\$353,369	\$26,954	8%
10	Dietary and Cafeteria	\$3,314,913	\$3,466,703	\$151,790	5%
11	Housekeeping	\$1,940,480	\$1,968,505	\$28,025	1%
12	Laundry & Linen	\$451,190	\$506,949	\$55,759	12%
13	Operation of Plant	\$5,385,392	\$5,366,182	(\$19,210)	0%
14	Security	\$424,019	\$451,576	\$27,557	6%
15	Repairs and Maintenance	\$277,682	\$273,638	(\$4,044)	-1%
16	Central Sterile Supply	\$509,355	\$481,231	(\$28,124)	-6%
17	Pharmacy Department	\$4,465,460	\$4,787,433	\$321,973	7%
18	Other General Services	\$29,221,412	\$30,581,507	\$1,360,095	5%
	Total General Services	\$57,126,583	\$59,984,463	\$2,857,880	5%
B.	Professional Services:				
1	Medical Care Administration	\$573,565	\$613,884	\$40,319	7%
2	Residency Program	\$2,658,435	\$2,485,686	(\$172,749)	-6%
3	Nursing Services Administration	\$697,489	\$755,920	\$58,431	8%
4	Medical Records	\$1,719,234	\$1,657,046	(\$62,188)	-4%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$1,729,632	\$1,727,392	(\$2,240)	0%
	Total Professional Services	\$7,378,355	\$7,239,928	(\$138,427)	-2%
C.	Special Services:				
1	Operating Room	\$9,474,176	\$10,257,117	\$782,941	8%
2	Recovery Room	\$542,218	\$590,311	\$48,093	9%
3	Anesthesiology	\$401,402	\$545,613	\$144,211	36%
4	Delivery Room	\$79,776	\$103,855	\$24,079	30%
5	Diagnostic Radiology	\$2,949,630	\$3,520,797	\$571,167	19%
6	Diagnostic Ultrasound	\$641,347	\$605,927	(\$35,420)	-6%
7	Radiation Therapy	\$1,319,108	\$1,420,292	\$101,184	8%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$414,057	\$387,390	(\$26,667)	-6%
9	CT Scan	\$1,068,326	\$1,078,985	\$10,659	1%
10	Laboratory	\$7,808,933	\$8,006,177	\$197,244	3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$744,719	\$737,893	(\$6,826)	-1%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$65,979	\$53,994	(\$11,985)	-18%
15	Occupational Therapy	\$1,030,671	\$1,043,586	\$12,915	1%
16	Speech Pathology	\$62,672	\$67,745	\$5,073	8%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$907,921	\$910,643	\$2,722	0%
19	Pulmonary Function	\$170,884	\$209,958	\$39,074	23%
20	Intravenous Therapy	\$90,847	\$94,426	\$3,579	4%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,663,163	\$1,631,593	(\$31,570)	-2%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$5,959,449	\$5,068,844	(\$890,605)	-15%
25	MRI	\$1,091,471	\$1,096,204	\$4,733	0%
26	PET Scan	\$367,188	\$272,711	(\$94,477)	-26%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,157,356	\$1,167,056	\$9,700	1%
29	Sleep Center	\$444,967	\$399,573	(\$45,394)	-10%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,007,087	\$932,381	(\$74,706)	-7%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,240,546	\$1,321,393	\$80,847	7%
	Total Special Services	\$40,703,893	\$41,524,464	\$820,571	2%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$7,436,654	\$7,460,903	\$24,249	0%
2	Intensive Care Unit	\$2,408,948	\$2,317,980	(\$90,968)	-4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,096,309	\$1,099,599	\$3,290	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,704,548	\$1,795,944	\$91,396	5%
7	Newborn Nursery Unit	\$117,556	\$94,451	(\$23,105)	-20%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$588,404	\$605,929	\$17,525	3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$263,612	\$292,723	\$29,111	11%
13	Other Routine Services	\$422,325	\$403,704	(\$18,621)	-4%
	Total Routine Services	\$14,038,356	\$14,071,233	\$32,877	0%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$1,246,297	\$3,347,930	\$2,101,633	169%
	Total Operating Expenses - All Departments*	\$120,493,484	\$126,168,018	\$5,674,534	5%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$119,312,297	\$ 118,086,481	\$121,998,344
2	Other Operating Revenue	3,255,934	3,781,488	6,027,457
3	Total Operating Revenue	\$122,568,231	\$121,867,969	\$128,025,801
4	Total Operating Expenses	119,759,030	120,493,484	126,168,018
5	Income/(Loss) From Operations	\$2,809,201	\$1,374,485	\$1,857,783
6	Total Non-Operating Revenue	(1,578,517)	(2,319,609)	(2,036,521)
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,230,684	(\$945,124)	(\$178,738)
B. Profitability Summary				
1	Hospital Operating Margin	2.32%	1.15%	1.47%
2	Hospital Non Operating Margin	-1.30%	-1.94%	-1.62%
3	Hospital Total Margin	1.02%	-0.79%	-0.14%
4	Income/(Loss) From Operations	\$2,809,201	\$1,374,485	\$1,857,783
5	Total Operating Revenue	\$122,568,231	\$121,867,969	\$128,025,801
6	Total Non-Operating Revenue	(\$1,578,517)	(\$2,319,609)	(\$2,036,521)
7	Total Revenue	\$120,989,714	\$119,548,360	\$125,989,280
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,230,684	(\$945,124)	(\$178,738)
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	(\$16,756,232)	(\$24,966,200)	(\$39,665,385)
2	Hospital Total Net Assets	(\$8,817,030)	(\$17,147,261)	(\$32,257,854)
3	Hospital Change in Total Net Assets	(\$22,974,904)	(\$8,330,231)	(\$15,110,593)
4	Hospital Change in Total Net Assets %	-62.3%	94.5%	88.1%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.34	0.31	0.32
2	Total Operating Expenses	\$119,759,030	\$120,493,484	\$126,168,018
3	Total Gross Revenue	\$353,472,922	\$381,244,191	\$392,114,700
4	Total Other Operating Revenue	\$3,255,934	\$3,781,488	\$6,027,457
5	Private Payment to Cost Ratio	1.06	1.19	1.16
6	Total Non-Government Payments	\$51,707,533	\$55,363,288	\$58,109,085

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
7	Total Uninsured Payments	\$2,746,197	\$539,191	\$493,694
8	Total Non-Government Charges	\$147,647,838	\$157,567,140	\$166,890,206
9	Total Uninsured Charges	\$10,522,453	\$9,742,915	\$9,669,492
10	Medicare Payment to Cost Ratio	0.94	0.92	0.90
11	Total Medicare Payments	\$51,443,487	\$50,678,054	\$50,556,511
12	Total Medicare Charges	\$163,457,404	\$175,839,343	\$176,476,516
13	Medicaid Payment to Cost Ratio	0.81	0.85	0.70
14	Total Medicaid Payments	\$8,637,405	\$11,304,888	\$10,719,839
15	Total Medicaid Charges	\$31,717,375	\$42,452,421	\$48,254,697
16	Uncompensated Care Cost	\$4,048,218	\$3,193,586	\$3,463,489
17	Charity Care	\$5,752,621	\$8,958,645	\$7,580,152
18	Bad Debts	\$6,305,896	\$1,246,161	\$3,349,408
19	Total Uncompensated Care	\$12,058,517	\$10,204,806	\$10,929,560
20	Uncompensated Care % of Total Expenses	3.4%	2.7%	2.7%
21	Total Operating Expenses	\$119,759,030	\$120,493,484	\$126,168,018
E. Liquidity Measures Summary				
1	Current Ratio	1.05	1.03	1.09
2	Total Current Assets	\$33,490,219	\$33,161,943	\$37,163,592
3	Total Current Liabilities	\$31,746,720	\$32,182,297	\$34,007,503
4	Days Cash on Hand	40	43	40
5	Cash and Cash Equivalents	\$3,879,223	\$3,905,172	\$5,513,612
6	Short Term Investments	8,704,501	9,660,079	7,625,803
7	Total Cash and Short Term Investments	\$12,583,724	\$13,565,251	\$13,139,415
8	Total Operating Expenses	\$119,759,030	\$120,493,484	\$126,168,018
9	Depreciation Expense	\$4,952,492	\$6,320,420	\$5,747,143
10	Operating Expenses less Depreciation Expense	\$114,806,538	\$114,173,064	\$120,420,875
11	Days Revenue in Patient Accounts Receivable	52.61	47.05	50.94

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
12	Net Patient Accounts Receivable	\$ 17,001,631	\$ 15,222,331	\$ 17,025,431
13	Due From Third Party Payers	\$196,080	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 17,197,711	\$ 15,222,331	\$ 17,025,431
16	Total Net Patient Revenue	\$119,312,297	\$ 118,086,481	\$ 121,998,344
17	Average Payment Period	100.93	102.88	103.08
18	Total Current Liabilities	\$31,746,720	\$32,182,297	\$34,007,503
19	Total Operating Expenses	\$119,759,030	\$120,493,484	\$126,168,018
20	Depreciation Expense	\$4,952,492	\$6,320,420	\$5,747,143
21	Total Operating Expenses less Depreciation Expense	\$114,806,538	\$114,173,064	\$120,420,875
F. Solvency Measures Summary				
1	Equity Financing Ratio	(7.2)	(14.1)	(26.3)
2	Total Net Assets	(\$8,817,030)	(\$17,147,261)	(\$32,257,854)
3	Total Assets	\$122,494,989	\$122,021,132	\$122,634,410
4	Cash Flow to Total Debt Ratio	7.5	6.6	6.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,230,684	(\$945,124)	(\$178,738)
6	Depreciation Expense	\$4,952,492	\$6,320,420	\$5,747,143
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,183,176	\$5,375,296	\$5,568,405
8	Total Current Liabilities	\$31,746,720	\$32,182,297	\$34,007,503
9	Total Long Term Debt	\$50,824,548	\$49,676,494	\$48,524,613
10	Total Current Liabilities and Total Long Term Debt	\$82,571,268	\$81,858,791	\$82,532,116
11	Long Term Debt to Capitalization Ratio	121.0	152.7	298.3
12	Total Long Term Debt	\$50,824,548	\$49,676,494	\$48,524,613
13	Total Net Assets	(\$8,817,030)	(\$17,147,261)	(\$32,257,854)
14	Total Long Term Debt and Total Net Assets	\$42,007,518	\$32,529,233	\$16,266,759
15	Debt Service Coverage Ratio	2.3	2.1	1.9
16	Excess Revenues over Expenses	\$1,230,684	(\$945,124)	(\$178,738)
17	Interest Expense	\$2,492,363	\$2,555,303	\$2,618,102
18	Depreciation and Amortization Expense	\$4,952,492	\$6,320,420	\$5,747,143

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
19	Principal Payments	\$1,305,000	\$1,305,000	\$1,790,000
G. Other Financial Ratios				
20	Average Age of Plant	14.3	12.2	14.4
21	Accumulated Depreciation	\$70,837,887	\$77,052,764	\$82,909,524
22	Depreciation and Amortization Expense	\$4,952,492	\$6,320,420	\$5,747,143
H. Utilization Measures Summary				
1	Patient Days	33,581	33,429	31,549
2	Discharges	7,533	7,719	7,494
3	ALOS	4.5	4.3	4.2
4	Staffed Beds	95	94	89
5	Available Beds	-	180	180
6	Licensed Beds	180	180	180
6	Occupancy of Staffed Beds	96.8%	97.4%	97.1%
7	Occupancy of Available Beds	51.1%	50.9%	48.0%
8	Full Time Equivalent Employees	929.1	958.0	940.6
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	38.8%	38.8%	40.1%
2	Medicare Gross Revenue Payer Mix Percentage	46.2%	46.1%	45.0%
3	Medicaid Gross Revenue Payer Mix Percentage	9.0%	11.1%	12.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.9%	1.3%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	3.0%	2.6%	2.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$137,125,385	\$147,824,225	\$157,220,714
9	Medicare Gross Revenue (Charges)	\$163,457,404	\$175,839,343	\$176,476,516
10	Medicaid Gross Revenue (Charges)	\$31,717,375	\$42,452,421	\$48,254,697
11	Other Medical Assistance Gross Revenue (Charges)	\$10,308,702	\$4,782,164	\$0
12	Uninsured Gross Revenue (Charges)	\$10,522,453	\$9,742,915	\$9,669,492
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$341,603	\$603,123	\$493,281
14	Total Gross Revenue (Charges)	\$353,472,922	\$381,244,191	\$392,114,700
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	43.0%	46.6%	48.2%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
2	Medicare Net Revenue Payer Mix Percentage	45.2%	43.1%	42.3%
3	Medicaid Net Revenue Payer Mix Percentage	7.6%	9.6%	9.0%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.7%	0.1%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	2.4%	0.5%	0.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.2%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$48,961,336	\$54,824,097	\$57,615,391
9	Medicare Net Revenue (Payments)	\$51,443,487	\$50,678,054	\$50,556,511
10	Medicaid Net Revenue (Payments)	\$8,637,405	\$11,304,888	\$10,719,839
11	Other Medical Assistance Net Revenue (Payments)	\$1,962,550	\$62,510	\$0
12	Uninsured Net Revenue (Payments)	\$2,746,197	\$539,191	\$493,694
13	CHAMPUS / TRICARE Net Revenue Payments)	\$115,033	\$236,577	\$106,553
14	Total Net Revenue (Payments)	\$113,866,008	\$117,645,317	\$119,491,988
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	2,727	2,697	2,700
2	Medicare	3,622	3,673	3,482
3	Medical Assistance	1,178	1,339	1,306
4	Medicaid	1,024	1,278	1,306
5	Other Medical Assistance	154	61	-
6	CHAMPUS / TRICARE	6	10	6
7	Uninsured (Included In Non-Government)	89	103	112
8	Total	7,533	7,719	7,494
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	0.954310	0.967800	0.991020
2	Medicare	1.337620	1.321630	1.308660
3	Medical Assistance	0.811608	0.723383	0.771750
4	Medicaid	0.768560	0.714430	0.771750
5	Other Medical Assistance	1.097850	0.910970	0.000000
6	CHAMPUS / TRICARE	0.472250	0.825280	1.365420
7	Uninsured (Included In Non-Government)	0.974390	0.846600	0.868230
8	Total Case Mix Index	1.115912	1.093582	1.100694
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	5,426	5,533	5,178
2	Emergency Room - Treated and Discharged	33,789	33,402	34,965
3	Total Emergency Room Visits	39,215	38,935	40,143

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$171,928	\$836,915	\$664,987	387%
2	Inpatient Payments	\$42,901	\$286,738	\$243,837	568%
3	Outpatient Charges	\$474,749	\$681,129	\$206,380	43%
4	Outpatient Payments	\$162,818	\$187,672	\$24,854	15%
5	Discharges	8	26	18	225%
6	Patient Days	35	142	107	306%
7	Outpatient Visits (Excludes ED Visits)	132	267	135	102%
8	Emergency Department Outpatient Visits	18	46	28	156%
9	Emergency Department Inpatient Admissions	7	23	16	229%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$646,677	\$1,518,044	\$871,367	135%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$205,719	\$474,410	\$268,691	131%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$1,830,095	\$3,574,663	\$1,744,568	95%
2	Inpatient Payments	\$495,370	\$1,021,971	\$526,601	106%
3	Outpatient Charges	\$1,519,553	\$3,226,398	\$1,706,845	112%
4	Outpatient Payments	\$241,179	\$795,531	\$554,352	230%
5	Discharges	56	120	64	114%
6	Patient Days	235	503	268	114%
7	Outpatient Visits (Excludes ED Visits)	867	1,889	1,022	118%
8	Emergency Department Outpatient Visits	109	223	114	105%
9	Emergency Department Inpatient Admissions	43	96	53	123%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,349,648	\$6,801,061	\$3,451,413	103%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$736,549	\$1,817,502	\$1,080,953	147%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$25,092,306	\$7,860,219	(\$17,232,087)	-69%
2	Inpatient Payments	\$6,934,693	\$1,895,713	(\$5,038,980)	-73%
3	Outpatient Charges	\$15,275,736	\$4,234,736	(\$11,041,000)	-72%
4	Outpatient Payments	\$2,804,103	\$650,764	(\$2,153,339)	-77%
5	Discharges	835	231	(604)	-72%
6	Patient Days	3,966	1,155	(2,811)	-71%
7	Outpatient Visits (Excludes ED Visits)	9,068	2,523	(6,545)	-72%
8	Emergency Department Outpatient Visits	1,149	283	(866)	-75%
9	Emergency Department Inpatient Admissions	753	211	(542)	-72%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$40,368,042	\$12,094,955	(\$28,273,087)	-70%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,738,796	\$2,546,477	(\$7,192,319)	-74%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$1,073,157	\$1,978,336	\$905,179	84%
2	Inpatient Payments	\$438,294	\$565,292	\$126,998	29%
3	Outpatient Charges	\$965,279	\$1,262,571	\$297,292	31%
4	Outpatient Payments	\$330,890	\$227,193	(\$103,697)	-31%
5	Discharges	39	46	7	18%
6	Patient Days	216	236	20	9%
7	Outpatient Visits (Excludes ED Visits)	625	405	(220)	-35%
8	Emergency Department Outpatient Visits	105	136	31	30%
9	Emergency Department Inpatient Admissions	44	88	44	100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,038,436	\$3,240,907	\$1,202,471	59%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$769,184	\$792,485	\$23,301	3%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$182,316	\$16,963,904	\$16,781,588	9205%
2	Inpatient Payments	\$182,316	\$5,546,154	\$5,363,838	2942%
3	Outpatient Charges	\$359,545	\$12,082,277	\$11,722,732	3260%
4	Outpatient Payments	\$359,545	\$2,464,188	\$2,104,643	585%
5	Discharges	7	590	583	8329%
6	Patient Days	29	2,666	2,637	9093%
7	Outpatient Visits (Excludes ED Visits)	0	2,081	2,081	0%
8	Emergency Department Outpatient Visits	0	820	820	0%
9	Emergency Department Inpatient Admissions	0	481	481	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$541,861	\$29,046,181	\$28,504,320	5260%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$541,861	\$8,010,342	\$7,468,481	1378%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$978,368	\$627,799	(\$350,569)	-36%
2	Inpatient Payments	\$318,231	\$236,215	(\$82,016)	-26%
3	Outpatient Charges	\$789,509	\$715,144	(\$74,365)	-9%
4	Outpatient Payments	\$131,592	\$169,153	\$37,561	29%
5	Discharges	33	27	(6)	-18%
6	Patient Days	109	91	(18)	-17%
7	Outpatient Visits (Excludes ED Visits)	451	456	5	1%
8	Emergency Department Outpatient Visits	50	38	(12)	-24%
9	Emergency Department Inpatient Admissions	23	23	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,767,877	\$1,342,943	(\$424,934)	-24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$449,823	\$405,368	(\$44,455)	-10%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$451,320	\$84,796	(\$366,524)	-81%
2	Inpatient Payments	\$451,320	\$61,349	(\$389,971)	-86%
3	Outpatient Charges	\$45,001	\$49,172	\$4,171	9%
4	Outpatient Payments	\$45,001	\$44,355	(\$646)	-1%
5	Discharges	7	3	(4)	-57%
6	Patient Days	59	9	(50)	-85%
7	Outpatient Visits (Excludes ED Visits)	9	12	3	33%
8	Emergency Department Outpatient Visits	13	11	(2)	-15%
9	Emergency Department Inpatient Admissions	7	3	(4)	-57%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$496,321	\$133,968	(\$362,353)	-73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$496,321	\$105,704	(\$390,617)	-79%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$840,408	\$302,639	(\$537,769)	-64%
2	Inpatient Payments	\$200,123	\$109,673	(\$90,450)	-45%
3	Outpatient Charges	\$764,517	\$627,089	(\$137,428)	-18%
4	Outpatient Payments	\$124,361	\$108,713	(\$15,648)	-13%
5	Discharges	29	13	(16)	-55%
6	Patient Days	128	45	(83)	-65%
7	Outpatient Visits (Excludes ED Visits)	374	4,391	4,017	1074%
8	Emergency Department Outpatient Visits	65	47	(18)	-28%
9	Emergency Department Inpatient Admissions	27	12	(15)	-56%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,604,925	\$929,728	(\$675,197)	-42%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$324,484	\$218,386	(\$106,098)	-33%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$30,619,898	\$32,229,271	\$1,609,373	5%
	TOTAL INPATIENT PAYMENTS	\$9,063,248	\$9,723,105	\$659,857	7%
	TOTAL OUTPATIENT CHARGES	\$20,193,889	\$22,878,516	\$2,684,627	13%
	TOTAL OUTPATIENT PAYMENTS	\$4,199,489	\$4,647,569	\$448,080	11%
	TOTAL DISCHARGES	1,014	1,056	42	4%
	TOTAL PATIENT DAYS	4,777	4,847	70	1%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	11,526	12,024	498	4%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,509	1,604	95	6%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	904	937	33	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$50,813,787	\$55,107,787	\$4,294,000	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,262,737	\$14,370,674	\$1,107,937	8%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$4,587,322	\$4,114,159	(\$473,163)	-10%
2	Inpatient Payments	\$1,115,480	\$1,019,809	(\$95,671)	-9%
3	Outpatient Charges	\$7,864,691	\$6,894,821	(\$969,870)	-12%
4	Outpatient Payments	\$1,780,669	\$1,387,120	(\$393,549)	-22%
5	Discharges	404	366	(38)	-9%
6	Patient Days	1,266	965	(301)	-24%
7	Outpatient Visits (Excludes ED Visits)	2,708	1,989	(719)	-27%
8	Emergency Department Outpatient Visits	3,513	3,764	251	7%
9	Emergency Department Inpatient Admissions	85	66	(19)	-22%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$12,452,013	\$11,008,980	(\$1,443,033)	-12%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$2,896,149	\$2,406,929	(\$489,220)	-17%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$1,511,773	\$1,539,078	\$27,305	2%
2	Inpatient Payments	\$367,612	\$381,503	\$13,891	4%
3	Outpatient Charges	\$2,803,636	\$2,838,466	\$34,830	1%
4	Outpatient Payments	\$634,780	\$571,051	(\$63,729)	-10%
5	Discharges	156	140	(16)	-10%
6	Patient Days	362	359	(3)	-1%
7	Outpatient Visits (Excludes ED Visits)	773	1,036	263	34%
8	Emergency Department Outpatient Visits	1,314	1,516	202	15%
9	Emergency Department Inpatient Admissions	22	22	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,315,409	\$4,377,544	\$62,135	1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,002,392	\$952,554	(\$49,838)	-5%
	H. AETNA				
1	Inpatient Charges	\$2,479,937	\$2,356,996	(\$122,941)	-5%
2	Inpatient Payments	\$603,036	\$584,248	(\$18,788)	-3%
3	Outpatient Charges	\$4,114,091	\$3,722,138	(\$391,953)	-10%
4	Outpatient Payments	\$931,484	\$748,830	(\$182,654)	-20%
5	Discharges	128	177	49	38%
6	Patient Days	414	569	155	37%
7	Outpatient Visits (Excludes ED Visits)	1,282	1,073	(209)	-16%
8	Emergency Department Outpatient Visits	1,882	1,966	84	4%
9	Emergency Department Inpatient Admissions	32	37	5	16%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,594,028	\$6,079,134	(\$514,894)	-8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,534,520	\$1,333,078	(\$201,442)	-13%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$8,579,032	\$8,010,233	(\$568,799)	-7%
	TOTAL INPATIENT PAYMENTS	\$2,086,128	\$1,985,560	(\$100,568)	-5%
	TOTAL OUTPATIENT CHARGES	\$14,782,418	\$13,455,425	(\$1,326,993)	-9%
	TOTAL OUTPATIENT PAYMENTS	\$3,346,933	\$2,707,001	(\$639,932)	-19%
	TOTAL DISCHARGES	688	683	(5)	-1%
	TOTAL PATIENT DAYS	2,042	1,893	(149)	-7%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	4,763	4,098	(665)	-14%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	6,709	7,246	537	8%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	139	125	(14)	-10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,361,450	\$21,465,658	(\$1,895,792)	-8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,433,061	\$4,692,561	(\$740,500)	-14%

**GRIFFIN HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2011
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$9,021,743	\$7,733,210	(\$1,288,533)	-14%
2	Short Term Investments	\$38,040,516	\$36,220,671	(\$1,819,845)	-5%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$15,556,957	\$17,300,192	\$1,743,235	11%
4	Current Assets Whose Use is Limited for Current Liabilities	\$522,512	\$704,176	\$181,664	35%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$0	\$1,221,879	\$1,221,879	0%
8	Prepaid Expenses	\$0	\$2,290,406	\$2,290,406	0%
9	Other Current Assets	\$7,346,270	\$10,024,226	\$2,677,956	36%
	Total Current Assets	\$70,487,998	\$75,494,760	\$5,006,762	7%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,644,228	\$3,367,120	(\$277,108)	-8%
2	Board Designated for Capital Acquisition	\$1,634,527	\$1,542,803	(\$91,724)	-6%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,477,576	\$4,288,799	(\$188,777)	-4%
	Total Noncurrent Assets Whose Use is Limited:	\$9,756,331	\$9,198,722	(\$557,609)	-6%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$2,482,019	\$2,424,396	(\$57,623)	-2%
7	Other Noncurrent Assets	\$12,165,117	\$13,566,499	\$1,401,382	12%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$148,122,419	\$152,050,174	\$3,927,755	3%
2	Less: Accumulated Depreciation	\$80,185,854	\$86,002,871	\$5,817,017	\$0
	Property, Plant and Equipment, Net	\$67,936,565	\$66,047,303	(\$1,889,262)	-3%
3	Construction in Progress	\$645,569	\$726,687	\$81,118	13%
	Total Net Fixed Assets	\$68,582,134	\$66,773,990	(\$1,808,144)	-3%
	Total Assets	\$163,473,599	\$167,458,367	\$3,984,768	2%

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$20,039,824	\$26,829,799	\$6,789,975	34%
2	Salaries, Wages and Payroll Taxes	\$0	\$2,016,194	\$2,016,194	0%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$6,372,994	\$6,470,292	\$97,298	2%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$9,601,441	\$4,255,028	(\$5,346,413)	-56%
	Total Current Liabilities	\$36,014,259	\$39,571,313	\$3,557,054	10%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$52,830,526	\$51,588,624	(\$1,241,902)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$52,830,526	\$51,588,624	(\$1,241,902)	-2%
3	Accrued Pension Liability	\$36,275,269	\$52,424,095	\$16,148,826	45%
4	Other Long Term Liabilities	\$53,975,488	\$60,747,800	\$6,772,312	13%
	Total Long Term Liabilities	\$143,081,283	\$164,760,519	\$21,679,236	15%
5	Interest in Net Assets of Affiliates or Joint	\$592,664	(\$1,038,881)	(\$1,631,545)	-275%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$24,116,314)	(\$43,306,301)	(\$19,189,987)	80%
2	Temporarily Restricted Net Assets	\$2,097,218	\$1,944,336	(\$152,882)	-7%
3	Permanently Restricted Net Assets	\$5,804,489	\$5,527,381	(\$277,108)	-5%
	Total Net Assets	(\$16,214,607)	(\$35,834,584)	(\$19,619,977)	121%
	Total Liabilities and Net Assets	\$163,473,599	\$167,458,367	\$3,984,768	2%

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$387,591,273	\$397,995,918	\$10,404,645	3%
2	Less: Allowances	\$257,846,088	\$265,724,365	\$7,878,277	3%
3	Less: Charity Care	\$8,959,000	\$7,580,152	(\$1,378,848)	-15%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$120,786,185	\$124,691,401	\$3,905,216	3%
5	Other Operating Revenue	\$14,240,073	\$23,556,460	\$9,316,387	65%
6	Net Assets Released from Restrictions	\$317,227	\$848,839	\$531,612	168%
	Total Operating Revenue	\$135,343,485	\$149,096,700	\$13,753,215	10%
B. Operating Expenses:					
1	Salaries and Wages	\$58,564,101	\$59,414,260	\$850,159	1%
2	Fringe Benefits	\$13,222,009	\$18,584,090	\$5,362,081	41%
3	Physicians Fees	\$3,414,543	\$2,519,049	(\$895,494)	-26%
4	Supplies and Drugs	\$17,987,578	\$19,677,446	\$1,689,868	9%
5	Depreciation and Amortization	\$6,533,158	\$5,994,793	(\$538,365)	-8%
6	Bad Debts	\$1,431,870	\$3,490,779	\$2,058,909	144%
7	Interest	\$2,792,860	\$2,856,137	\$63,277	2%
8	Malpractice	\$1,495,789	\$2,414,227	\$918,438	61%
9	Other Operating Expenses	\$31,153,276	\$36,477,213	\$5,323,937	17%
	Total Operating Expenses	\$136,595,184	\$151,427,994	\$14,832,810	11%
	Income/(Loss) From Operations	(\$1,251,699)	(\$2,331,294)	(\$1,079,595)	86%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,155,938	\$1,109,064	(\$1,046,874)	-49%
2	Gifts, Contributions and Donations	\$289,794	\$161,281	(\$128,513)	-44%
3	Other Non-Operating Gains/(Losses)	(\$328,633)	(\$637,206)	(\$308,573)	94%
	Total Non-Operating Revenue	\$2,117,099	\$633,139	(\$1,483,960)	-70%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$865,400	(\$1,698,155)	(\$2,563,555)	-296%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	(\$3,623,975)	(\$439,118)	\$3,184,857	-88%
	Total Other Adjustments	(\$3,623,975)	(\$439,118)	\$3,184,857	-88%
	Excess/(Deficiency) of Revenue Over Expenses	(\$2,758,575)	(\$2,137,273)	\$621,302	-23%

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$121,589,729	\$120,786,185	\$124,691,401
2	Other Operating Revenue	13,916,041	14,557,300	24,405,299
3	Total Operating Revenue	\$135,505,770	\$135,343,485	\$149,096,700
4	Total Operating Expenses	135,339,656	136,595,184	151,427,994
5	Income/(Loss) From Operations	\$166,114	(\$1,251,699)	(\$2,331,294)
6	Total Non-Operating Revenue	(4,271,017)	(1,506,876)	194,021
7	Excess/(Deficiency) of Revenue Over Expenses	(\$4,104,903)	(\$2,758,575)	(\$2,137,273)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.13%	-0.94%	-1.56%
2	Parent Corporation Non-Operating Margin	-3.25%	-1.13%	0.13%
3	Parent Corporation Total Margin	-3.13%	-2.06%	-1.43%
4	Income/(Loss) From Operations	\$166,114	(\$1,251,699)	(\$2,331,294)
5	Total Operating Revenue	\$135,505,770	\$135,343,485	\$149,096,700
6	Total Non-Operating Revenue	(\$4,271,017)	(\$1,506,876)	\$194,021
7	Total Revenue	\$131,234,753	\$133,836,609	\$149,290,721
8	Excess/(Deficiency) of Revenue Over Expenses	(\$4,104,903)	(\$2,758,575)	(\$2,137,273)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	(\$17,448,476)	(\$24,116,314)	-\$43,306,301
2	Parent Corporation Total Net Assets	(\$9,416,956)	(\$16,214,607)	(\$35,834,584)
3	Parent Corporation Change in Total Net Assets	(\$24,652,687)	(\$6,797,651)	(\$19,619,977)
4	Parent Corporation Change in Total Net Assets %	-61.8%	72.2%	121.0%

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
	D. <u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.87	1.96	1.91
2	Total Current Assets	\$66,154,885	\$70,487,998	\$75,494,760
3	Total Current Liabilities	\$35,286,093	\$36,014,259	\$39,571,313
4	<u>Days Cash on Hand</u>	120	132	110
5	Cash and Cash Equivalents	\$9,064,634	\$9,021,743	\$7,733,210
6	Short Term Investments	33,771,653	38,040,516	36,220,671
7	Total Cash and Short Term Investments	\$42,836,287	\$47,062,259	\$43,953,881
8	Total Operating Expenses	\$135,339,656	\$136,595,184	\$151,427,994
9	Depreciation Expense	\$5,148,785	\$6,533,158	\$5,994,793
10	Operating Expenses less Depreciation Expense	\$130,190,871	\$130,062,026	\$145,433,201
11	<u>Days Revenue in Patient Accounts Receivable</u>	52	47	51
12	Net Patient Accounts Receivable	\$ 17,201,535	\$ 15,556,957	\$ 17,300,192
13	Due From Third Party Payers	\$196,080	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 17,397,615	\$ 15,556,957	\$ 17,300,192
16	Total Net Patient Revenue	\$121,589,729	\$120,786,185	\$124,691,401
17	<u>Average Payment Period</u>	99	101	99
18	Total Current Liabilities	\$35,286,093	\$36,014,259	\$39,571,313
19	Total Operating Expenses	\$135,339,656	\$136,595,184	\$151,427,994
20	Depreciation Expense	\$5,148,785	\$6,533,158	\$5,994,793
21	Total Operating Expenses less Depreciation Expense	\$130,190,871	\$130,062,026	\$145,433,201

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	(5.9)	(9.9)	(21.4)
2	Total Net Assets	(\$9,416,956)	(\$16,214,607)	(\$35,834,584)
3	Total Assets	\$160,167,597	\$163,473,599	\$167,458,367
4	<u>Cash Flow to Total Debt Ratio</u>	1.2	4.2	4.2
5	Excess/(Deficiency) of Revenues Over Expenses	(\$4,104,903)	(\$2,758,575)	(\$2,137,273)
6	Depreciation Expense	\$5,148,785	\$6,533,158	\$5,994,793
7	Excess of Revenues Over Expenses and Depreciation Expense	\$1,043,882	\$3,774,583	\$3,857,520
8	Total Current Liabilities	\$35,286,093	\$36,014,259	\$39,571,313
9	Total Long Term Debt	\$54,070,257	\$52,830,526	\$51,588,624
10	Total Current Liabilities and Total Long Term Debt	\$89,356,350	\$88,844,785	\$91,159,937
11	<u>Long Term Debt to Capitalization Ratio</u>	121.1	144.3	327.5
12	Total Long Term Debt	\$54,070,257	\$52,830,526	\$51,588,624
13	Total Net Assets	(\$9,416,956)	(\$16,214,607)	(\$35,834,584)
14	Total Long Term Debt and Total Net Assets	\$44,653,301	\$36,615,919	\$15,754,040

GRIFFIN HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	21,340	5,662	5,400	59	118	99.1%	49.5%
2	ICU/CCU (Excludes Neonatal ICU)	2,645	262	0	8	14	90.6%	51.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,989	500	500	11	16	99.4%	68.3%
	TOTAL PSYCHIATRIC	3,989	500	500	11	16	99.4%	68.3%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,877	685	685	6	12	85.7%	42.9%
7	Newborn	1,698	647	647	5	20	93.0%	23.3%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	29,851	6,847	6,585	84	160	97.4%	51.1%
	TOTAL INPATIENT BED UTILIZATION	31,549	7,494	7,232	89	180	97.1%	48.0%
	TOTAL INPATIENT REPORTED YEAR	31,549	7,494	7,232	89	180	97.1%	48.0%
	TOTAL INPATIENT PRIOR YEAR	33,429	0	0	94	180	97.4%	50.9%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,880	7,494	7,232	-5	0	-0.3%	-2.9%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-6%	0%	0%	-5%	0%	0%	-6%
	Total Licensed Beds and Bassinets	180						
(A) This number may not exceed the number of available beds for each department or in total.								

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	5,493	4,727	-766	-14%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,479	6,350	871	16%
3	Emergency Department Scans	6,826	5,890	-936	-14%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	17,798	16,967	-831	-5%
B. MRI Scans (A)					
1	Inpatient Scans	455	382	-73	-16%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,094	4,216	122	3%
3	Emergency Department Scans	43	46	3	7%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	4,592	4,644	52	1%
C. PET Scans (A)					
1	Inpatient Scans	3	0	-3	-100%
2	Outpatient Scans (Excluding Emergency Department Scans)	283	255	-28	-10%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	286	255	-31	-11%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	122	48	-74	-61%
2	Outpatient Procedures	5,268	5,369	101	2%
	Total Linear Accelerator Procedures	5,390	5,417	27	1%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,399	1,482	83	6%
2	Outpatient Surgical Procedures	3,023	2,743	-280	-9%
	Total Surgical Procedures	4,422	4,225	-197	-4%
J. Endoscopy Procedures					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	380	356	-24	-6%
2	Outpatient Endoscopy Procedures	2,903	2,938	35	1%
	Total Endoscopy Procedures	3,283	3,294	11	0%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	5,533	5,178	-355	-6%
2	Emergency Room Visits: Treated and Discharged	33,402	34,965	1,563	5%
	Total Emergency Room Visits	38,935	40,143	1,208	3%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	5,480	7,369	1,889	34%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	5,461	6,143	682	12%
4	Medical Clinic Visits	65	102	37	57%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	11,006	13,614	2,608	24%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	11,908	11,947	39	0%
2	Cardiology	2,902	2,923	21	1%
3	Chemotherapy	964	947	-17	-2%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	50,980	56,794	5,814	11%
	Total Other Hospital Outpatient Visits	66,754	72,611	5,857	9%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	305.0	325.2	20.2	7%
2	Total Physician FTEs	64.0	45.9	-18.1	-28%
3	Total Non-Nursing and Non-Physician FTEs	589.0	569.5	-19.5	-3%
	Total Hospital Full Time Equivalent Employees	958.0	940.6	-17.4	-2%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	GRIFFIN HOSPITAL	3,023	2,743	-280	-9%
	Total Outpatient Surgical Procedures(A)	3,023	2,743	-280	-9%
B. Outpatient Endoscopy Procedures					
1	GRIFFIN HOSPITAL	2,903	2,938	35	1%
	Total Outpatient Endoscopy Procedures(B)	2,903	2,938	35	1%
C. Outpatient Hospital Emergency Room Visits					
1	GRIFFIN HOSPITAL	33,402	34,965	1,563	5%
	Total Outpatient Hospital Emergency Room Visits(C)	33,402	34,965	1,563	5%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$109,615,387	\$105,948,701	(\$3,666,686)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,414,146	\$36,441,342	(\$972,804)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.13%	34.40%	0.26%	1%
4	DISCHARGES	3,673	3,482	(191)	-5%
5	CASE MIX INDEX (CMI)	1.32163	1.30866	(0.01297)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,854,34699	4,556,75412	(297,59287)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,707.35	\$7,997.21	\$289.87	4%
8	PATIENT DAYS	18,623	17,094	(1,529)	-8%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,009.03	\$2,131.82	\$122.79	6%
10	AVERAGE LENGTH OF STAY	5.1	4.9	(0.2)	-3%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$66,223,956	\$70,527,815	\$4,303,859	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,263,908	\$14,115,169	\$851,261	6%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.03%	20.01%	-0.02%	0%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	60.41%	66.57%	6.15%	10%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,219,03692	2,317,89394	98,85702	4%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,977.33	\$6,089.65	\$112.33	2%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$175,839,343	\$176,476,516	\$637,173	0%
18	TOTAL ACCRUED PAYMENTS	\$50,678,054	\$50,556,511	(\$121,543)	0%
19	TOTAL ALLOWANCES	\$125,161,289	\$125,920,005	\$758,716	1%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$53,498,119	\$59,121,000	\$5,622,881	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$19,589,882	\$21,847,550	\$2,257,668	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.62%	36.95%	0.34%	1%
4	DISCHARGES	2,697	2,700	3	0%
5	CASE MIX INDEX (CMI)	0.96780	0.99102	0.02322	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,610.15660	2,675.75400	65.59740	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,505.25	\$8,165.01	\$659.76	9%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$202.10	(\$167.79)	(\$369.89)	-183%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$527,506	(\$448,970)	(\$976,476)	-185%
10	PATIENT DAYS	9,500	9,415	(85)	-1%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,062.09	\$2,320.50	\$258.41	13%
12	AVERAGE LENGTH OF STAY	3.5	3.5	(0.0)	-1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$104,069,021	\$107,769,206	\$3,700,185	4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$35,773,406	\$36,261,535	\$488,129	1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.37%	33.65%	-0.73%	-2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	194.53%	182.29%	-12.24%	-6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,246.43025	4,921.71743	(324.71282)	-6%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,818.62	\$7,367.66	\$549.04	8%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$841.29)	(\$1,278.01)	(\$436.71)	52%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,413,780)	(\$6,289,985)	(\$1,876,205)	43%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$157,567,140	\$166,890,206	\$9,323,066	6%
22	TOTAL ACCRUED PAYMENTS	\$55,363,288	\$58,109,085	\$2,745,797	5%
23	TOTAL ALLOWANCES	\$102,203,852	\$108,781,121	\$6,577,269	6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,886,274)	(\$6,738,956)	(\$2,852,681)	73%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$147,824,225	\$157,220,714	\$9,396,489	6%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$55,825,182	\$59,369,153	\$3,543,971	6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$91,999,043	\$97,851,561	\$5,852,518	6%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	62.24%	62.24%	0.00%	

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,077,313	\$2,439,472	\$362,159	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$114,962	\$164,449	\$49,487	43%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.53%	6.74%	1.21%	22%
4	DISCHARGES	103	112	9	9%
5	CASE MIX INDEX (CMI)	0.84660	0.86823	0.02163	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	87.19980	97.24176	10.04196	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,318.37	\$1,691.14	\$372.76	28%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,186.88	\$6,473.87	\$286.99	5%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,388.97	\$6,306.08	(\$82.89)	-1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$557,117	\$613,214	\$56,097	10%
11	PATIENT DAYS	326	334	8	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$352.64	\$492.36	\$139.72	40%
13	AVERAGE LENGTH OF STAY	3.2	3.0	(0.2)	-6%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,665,602	\$7,230,020	(\$435,582)	-6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$424,229	\$329,245	(\$94,984)	-22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.53%	4.55%	-0.98%	-18%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	369.02%	296.38%	-72.64%	-20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	380.08572	331.94160	(48.14412)	-13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,116.14	\$991.88	(\$124.26)	-11%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,702.48	\$6,375.78	\$673.30	12%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,861.19	\$5,097.78	\$236.59	5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,847,667	\$1,692,164	(\$155,503)	-8%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$9,742,915	\$9,669,492	(\$73,423)	-1%
24	TOTAL ACCRUED PAYMENTS	\$539,191	\$493,694	(\$45,497)	-8%
25	TOTAL ALLOWANCES	\$9,203,724	\$9,175,798	(\$27,926)	0%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,404,785	\$2,305,378	(\$99,406)	-4%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$19,360,773	\$20,685,410	\$1,324,637	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,098,674	\$5,280,329	(\$818,345)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.50%	25.53%	-5.97%	-19%
4	DISCHARGES	1,278	1,306	28	2%
5	CASE MIX INDEX (CMI)	0.71443	0.77175	0.05732	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	913.04154	1,007.90550	94.86396	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,679.51	\$5,238.91	(\$1,440.60)	-22%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$825.74	\$2,926.09	\$2,100.36	254%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,027.83	\$2,758.30	\$1,730.47	168%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$938,456	\$2,780,108	\$1,841,652	196%
11	PATIENT DAYS	4,905	5,026	121	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,243.36	\$1,050.60	(\$192.76)	-16%
13	AVERAGE LENGTH OF STAY	3.8	3.8	0.0	0%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$23,091,648	\$27,569,287	\$4,477,639	19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,206,214	\$5,439,510	\$233,296	4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.55%	19.73%	-2.82%	-12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	119.27%	133.28%	14.01%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,524.27417	1,740.62244	216.34827	14%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,415.54	\$3,125.04	(\$290.50)	-9%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,403.08	\$4,242.62	\$839.54	25%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,561.79	\$2,964.62	\$402.83	16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,904,870	\$5,160,276	\$1,255,406	32%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$42,452,421	\$48,254,697	\$5,802,276	14%
24	TOTAL ACCRUED PAYMENTS	\$11,304,888	\$10,719,839	(\$585,049)	-5%
25	TOTAL ALLOWANCES	\$31,147,533	\$37,534,858	\$6,387,325	21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,843,326	\$7,940,384	\$3,097,058	64%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,340,357	\$0	(\$2,340,357)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$38,957	\$0	(\$38,957)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	1.66%	0.00%	-1.66%	-100%
4	DISCHARGES	61	-	(61)	-100%
5	CASE MIX INDEX (CMI)	0.91097	0.00000	(0.91097)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	55.56917	0.00000	(55.56917)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$701.05	\$0.00	(\$701.05)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$6,804.20	\$8,165.01	\$1,360.81	20%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,006.29	\$7,997.21	\$990.92	14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$389,334	\$0	(\$389,334)	-100%
11	PATIENT DAYS	376	0	(376)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$103.61	\$0.00	(\$103.61)	-100%
13	AVERAGE LENGTH OF STAY	6.2	-	(6.2)	-100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,441,807	\$0	(\$2,441,807)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,553	\$0	(\$23,553)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.96%	0.00%	-0.96%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	104.33%	0.00%	-104.33%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	63.64423	0.00000	(63.64423)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$370.07	\$0.00	(\$370.07)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,448.55	\$7,367.66	\$919.11	14%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,607.25	\$6,089.65	\$482.40	9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$356,869	\$0	(\$356,869)	-100%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$4,782,164	\$0	(\$4,782,164)	-100%
24	TOTAL ACCRUED PAYMENTS	\$62,510	\$0	(\$62,510)	-100%
25	TOTAL ALLOWANCES	\$4,719,654	\$0	(\$4,719,654)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$746,203	\$0	(\$746,203)	-100%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$21,701,130	\$20,685,410	(\$1,015,720)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,137,631	\$5,280,329	(\$857,302)	-14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.28%	25.53%	-2.76%	-10%
4	DISCHARGES	1,339	1,306	(33)	-2%
5	CASE MIX INDEX (CMI)	0.72338	0.77175	0.04837	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	968.61071	1,007.90550	39.29479	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,336.53	\$5,238.91	(\$1,097.62)	-17%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,168.72	\$2,926.09	\$1,757.37	150%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,370.82	\$2,758.30	\$1,387.48	101%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,327,790	\$2,780,108	\$1,452,318	109%
11	PATIENT DAYS	5,281	5,026	(255)	-5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,162.21	\$1,050.60	(\$111.61)	-10%
13	AVERAGE LENGTH OF STAY	3.9	3.8	(0.1)	-2%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$25,533,455	\$27,569,287	\$2,035,832	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,229,767	\$5,439,510	\$209,743	4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.48%	19.73%	-0.75%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	117.66%	133.28%	15.62%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,587.91840	1,740.62244	152.70404	10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,293.47	\$3,125.04	(\$168.44)	-5%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,525.15	\$4,242.62	\$717.48	20%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,683.85	\$2,964.62	\$280.76	10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,261,740	\$5,160,276	\$898,536	21%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$47,234,585	\$48,254,697	\$1,020,112	2%
24	TOTAL ACCRUED PAYMENTS	\$11,367,398	\$10,719,839	(\$647,559)	-6%
25	TOTAL ALLOWANCES	\$35,867,187	\$37,534,858	\$1,667,671	5%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$165,814	\$183,889	\$18,075	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$117,332	\$26,765	(\$90,567)	-77%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	70.76%	14.55%	-56.21%	-79%
4	DISCHARGES	10	6	(4)	-40%
5	CASE MIX INDEX (CMI)	0.82528	1.36542	0.54014	65%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8.25280	8.19252	(0.06028)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$14,217.24	\$3,267.00	(\$10,950.23)	-77%
8	PATIENT DAYS	25	14	(11)	-44%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,693.28	\$1,911.79	(\$2,781.49)	-59%
10	AVERAGE LENGTH OF STAY	2.5	2.3	(0.2)	-7%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$437,309	\$309,392	(\$127,917)	-29%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$119,245	\$79,788	(\$39,457)	-33%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$603,123	\$493,281	(\$109,842)	-18%
14	TOTAL ACCRUED PAYMENTS	\$236,577	\$106,553	(\$130,024)	-55%
15	TOTAL ALLOWANCES	\$366,546	\$386,728	\$20,182	6%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$3,781,488	\$6,027,457	\$2,245,969	59%
2	TOTAL OPERATING EXPENSES	\$120,493,484	\$126,168,018	\$5,674,534	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$529,441	\$0	(\$529,441)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$8,958,645	\$7,580,152	(\$1,378,493)	-15%
5	BAD DEBTS (CHARGES)	\$1,246,161	\$3,349,408	\$2,103,247	169%
6	UNCOMPENSATED CARE (CHARGES)	\$10,204,806	\$10,929,560	\$724,754	7%
7	COST OF UNCOMPENSATED CARE	\$3,163,197	\$3,330,645	\$167,448	5%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$47,234,585	\$48,254,697	\$1,020,112	2%
9	TOTAL ACCRUED PAYMENTS	\$11,367,398	\$10,719,839	(\$647,559)	-6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$14,641,366	\$14,705,008	\$63,642	0%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,273,968	\$3,985,169	\$711,201	22%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$184,980,450	\$185,939,000	\$958,550	1%
2	TOTAL INPATIENT PAYMENTS	\$63,258,991	\$63,595,986	\$336,995	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.20%	34.20%	0.00%	0%
4	TOTAL DISCHARGES	7,719	7,494	(225)	-3%
5	TOTAL CASE MIX INDEX	1.09358	1.10069	0.00711	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	8,441,36710	8,248,60614	(192,76096)	-2%
7	TOTAL OUTPATIENT CHARGES	\$196,263,741	\$206,175,700	\$9,911,959	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	106.10%	110.88%	4.78%	5%
9	TOTAL OUTPATIENT PAYMENTS	\$54,386,326	\$55,896,002	\$1,509,676	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.71%	27.11%	-0.60%	-2%
11	TOTAL CHARGES	\$381,244,191	\$392,114,700	\$10,870,509	3%
12	TOTAL PAYMENTS	\$117,645,317	\$119,491,988	\$1,846,671	2%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.86%	30.47%	-0.38%	-1%
14	PATIENT DAYS	33,429	31,549	(1,880)	-6%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$131,482,331	\$126,818,000	(\$4,664,331)	-4%
2	INPATIENT PAYMENTS	\$43,669,109	\$41,748,436	(\$1,920,673)	-4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	33.21%	32.92%	-0.29%	-1%
4	DISCHARGES	5,022	4,794	(228)	-5%
5	CASE MIX INDEX	1.16113	1.16246	0.00133	0%
6	CASE MIX ADJUSTED DISCHARGES	5,831.21050	5,572.85214	(258.35836)	-4%
7	OUTPATIENT CHARGES	\$92,194,720	\$98,406,494	\$6,211,774	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	70.12%	77.60%	7.48%	11%
9	OUTPATIENT PAYMENTS	\$18,612,920	\$19,634,467	\$1,021,547	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.19%	19.95%	-0.24%	-1%
11	TOTAL CHARGES	\$223,677,051	\$225,224,494	\$1,547,443	1%
12	TOTAL PAYMENTS	\$62,282,029	\$61,382,903	(\$899,126)	-1%
13	TOTAL PAYMENTS / CHARGES	27.84%	27.25%	-0.59%	-2%
14	PATIENT DAYS	23,929	22,134	(1,795)	-8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$161,395,022	\$163,841,591	\$2,446,569	2%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.1	4.9	(0.2)	-3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.5	(0.0)	-1%
3	UNINSURED	3.2	3.0	(0.2)	-6%
4	MEDICAID	3.8	3.8	0.0	0%
5	OTHER MEDICAL ASSISTANCE	6.2	-	(6.2)	-100%
6	CHAMPUS / TRICARE	2.5	2.3	(0.2)	-7%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.2	(0.1)	-3%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$381,244,191	\$392,114,700	\$10,870,509	3%
2	TOTAL GOVERNMENT DEDUCTIONS	\$161,395,022	\$163,841,591	\$2,446,569	2%
3	UNCOMPENSATED CARE	\$10,204,806	\$10,929,560	\$724,754	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$91,999,043	\$97,851,561	\$5,852,518	6%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$263,598,871	\$272,622,712	\$9,023,841	3%
7	TOTAL ACCRUED PAYMENTS	\$117,645,320	\$119,491,988	\$1,846,668	2%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$529,441	\$0	(\$529,441)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$118,174,761	\$119,491,988	\$1,317,227	1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3099713092	0.3047373332	(0.0052339759)	-2%
11	COST OF UNCOMPENSATED CARE	\$3,163,197	\$3,330,645	\$167,448	5%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,273,968	\$3,985,169	\$711,201	22%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,437,165	\$7,315,814	\$878,648	14%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,904,870	\$5,160,276	\$1,255,406	32%
2	OTHER MEDICAL ASSISTANCE	\$746,203	\$0	(\$746,203)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,404,785	\$2,305,378	(\$99,406)	-4%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,055,858	\$7,465,654	\$409,796	6%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$88,277)	\$2,506,355	\$2,594,632	-2939.19%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$118,086,481	\$121,998,344	\$3,911,863	3.31%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$381,244,191	\$392,114,736	\$10,870,545	2.85%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$10,204,809	\$10,929,560	\$724,751	7.10%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$53,498,119	\$59,121,000	\$5,622,881
2	MEDICARE	\$109,615,387	105,948,701	(\$3,666,686)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,701,130	20,685,410	(\$1,015,720)
4	MEDICAID	\$19,360,773	20,685,410	\$1,324,637
5	OTHER MEDICAL ASSISTANCE	\$2,340,357	0	(\$2,340,357)
6	CHAMPUS / TRICARE	\$165,814	183,889	\$18,075
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,077,313	2,439,472	\$362,159
	TOTAL INPATIENT GOVERNMENT CHARGES	\$131,482,331	\$126,818,000	(\$4,664,331)
	TOTAL INPATIENT CHARGES	\$184,980,450	\$185,939,000	\$958,550
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$104,069,021	\$107,769,206	\$3,700,185
2	MEDICARE	\$66,223,956	70,527,815	\$4,303,859
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,533,455	27,569,287	\$2,035,832
4	MEDICAID	\$23,091,648	27,569,287	\$4,477,639
5	OTHER MEDICAL ASSISTANCE	\$2,441,807	0	(\$2,441,807)
6	CHAMPUS / TRICARE	\$437,309	309,392	(\$127,917)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,665,602	7,230,020	(\$435,582)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$92,194,720	\$98,406,494	\$6,211,774
	TOTAL OUTPATIENT CHARGES	\$196,263,741	\$206,175,700	\$9,911,959
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$157,567,140	\$166,890,206	\$9,323,066
2	TOTAL MEDICARE	\$175,839,343	\$176,476,516	\$637,173
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$47,234,585	\$48,254,697	\$1,020,112
4	TOTAL MEDICAID	\$42,452,421	\$48,254,697	\$5,802,276
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,782,164	\$0	(\$4,782,164)
6	TOTAL CHAMPUS / TRICARE	\$603,123	\$493,281	(\$109,842)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,742,915	\$9,669,492	(\$73,423)
	TOTAL GOVERNMENT CHARGES	\$223,677,051	\$225,224,494	\$1,547,443
	TOTAL CHARGES	\$381,244,191	\$392,114,700	\$10,870,509
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,589,882	\$21,847,550	\$2,257,668
2	MEDICARE	\$37,414,146	36,441,342	(\$972,804)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,137,631	5,280,329	(\$857,302)
4	MEDICAID	\$6,098,674	5,280,329	(\$818,345)
5	OTHER MEDICAL ASSISTANCE	\$38,957	0	(\$38,957)
6	CHAMPUS / TRICARE	\$117,332	26,765	(\$90,567)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$114,962	164,449	\$49,487
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$43,669,109	\$41,748,436	(\$1,920,673)
	TOTAL INPATIENT PAYMENTS	\$63,258,991	\$63,595,986	\$336,995
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$35,773,406	\$36,261,535	\$488,129
2	MEDICARE	\$13,263,908	14,115,169	\$851,261
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,229,767	5,439,510	\$209,743
4	MEDICAID	\$5,206,214	5,439,510	\$233,296
5	OTHER MEDICAL ASSISTANCE	\$23,553	0	(\$23,553)
6	CHAMPUS / TRICARE	\$119,245	79,788	(\$39,457)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$424,229	329,245	(\$94,984)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$18,612,920	\$19,634,467	\$1,021,547
	TOTAL OUTPATIENT PAYMENTS	\$54,386,326	\$55,896,002	\$1,509,676
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,363,288	\$58,109,085	\$2,745,797
2	TOTAL MEDICARE	\$50,678,054	\$50,556,511	(\$121,543)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,367,398	\$10,719,839	(\$647,559)
4	TOTAL MEDICAID	\$11,304,888	\$10,719,839	(\$585,049)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$62,510	\$0	(\$62,510)
6	TOTAL CHAMPUS / TRICARE	\$236,577	\$106,553	(\$130,024)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$539,191	\$493,694	(\$45,497)
	TOTAL GOVERNMENT PAYMENTS	\$62,282,029	\$61,382,903	(\$899,126)
	TOTAL PAYMENTS	\$117,645,317	\$119,491,988	\$1,846,671

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.03%	15.08%	1.04%
2	MEDICARE	28.75%	27.02%	-1.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.69%	5.28%	-0.42%
4	MEDICAID	5.08%	5.28%	0.20%
5	OTHER MEDICAL ASSISTANCE	0.61%	0.00%	-0.61%
6	CHAMPUS / TRICARE	0.04%	0.05%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.54%	0.62%	0.08%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	34.49%	32.34%	-2.15%
	TOTAL INPATIENT PAYER MIX	48.52%	47.42%	-1.10%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.30%	27.48%	0.19%
2	MEDICARE	17.37%	17.99%	0.62%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.70%	7.03%	0.33%
4	MEDICAID	6.06%	7.03%	0.97%
5	OTHER MEDICAL ASSISTANCE	0.64%	0.00%	-0.64%
6	CHAMPUS / TRICARE	0.11%	0.08%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.01%	1.84%	-0.17%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	24.18%	25.10%	0.91%
	TOTAL OUTPATIENT PAYER MIX	51.48%	52.58%	1.10%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.65%	18.28%	1.63%
2	MEDICARE	31.80%	30.50%	-1.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.22%	4.42%	-0.80%
4	MEDICAID	5.18%	4.42%	-0.76%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.00%	-0.03%
6	CHAMPUS / TRICARE	0.10%	0.02%	-0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.10%	0.14%	0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	37.12%	34.94%	-2.18%
	TOTAL INPATIENT PAYER MIX	53.77%	53.22%	-0.55%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.41%	30.35%	-0.06%
2	MEDICARE	11.27%	11.81%	0.54%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.45%	4.55%	0.11%
4	MEDICAID	4.43%	4.55%	0.13%
5	OTHER MEDICAL ASSISTANCE	0.02%	0.00%	-0.02%
6	CHAMPUS / TRICARE	0.10%	0.07%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.36%	0.28%	-0.09%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.82%	16.43%	0.61%
	TOTAL OUTPATIENT PAYER MIX	46.23%	46.78%	0.55%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,697	2,700	3
2	MEDICARE	3,673	3,482	(191)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,339	1,306	(33)
4	MEDICAID	1,278	1,306	28
5	OTHER MEDICAL ASSISTANCE	61	0	(61)
6	CHAMPUS / TRICARE	10	6	(4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	103	112	9
	TOTAL GOVERNMENT DISCHARGES	5,022	4,794	(228)
	TOTAL DISCHARGES	7,719	7,494	(225)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,500	9,415	(85)
2	MEDICARE	18,623	17,094	(1,529)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,281	5,026	(255)
4	MEDICAID	4,905	5,026	121
5	OTHER MEDICAL ASSISTANCE	376	0	(376)
6	CHAMPUS / TRICARE	25	14	(11)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	326	334	8
	TOTAL GOVERNMENT PATIENT DAYS	23,929	22,134	(1,795)
	TOTAL PATIENT DAYS	33,429	31,549	(1,880)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.5	(0.0)
2	MEDICARE	5.1	4.9	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.9	3.8	(0.1)
4	MEDICAID	3.8	3.8	0.0
5	OTHER MEDICAL ASSISTANCE	6.2	0.0	(6.2)
6	CHAMPUS / TRICARE	2.5	2.3	(0.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.2	3.0	(0.2)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.8	4.6	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.2	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.96780	0.99102	0.02322
2	MEDICARE	1.32163	1.30866	(0.01297)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.72338	0.77175	0.04837
4	MEDICAID	0.71443	0.77175	0.05732
5	OTHER MEDICAL ASSISTANCE	0.91097	0.00000	(0.91097)
6	CHAMPUS / TRICARE	0.82528	1.36542	0.54014
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.84660	0.86823	0.02163
	TOTAL GOVERNMENT CASE MIX INDEX	1.16113	1.16246	0.00133
	TOTAL CASE MIX INDEX	1.09358	1.10069	0.00711
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,824,225	\$157,220,714	\$9,396,489
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,825,182	\$59,369,153	\$3,543,971
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$91,999,043	\$97,851,561	\$5,852,518
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	62.24%	62.24%	0.00%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$529,441	\$0	(\$529,441)
8	CHARITY CARE	\$8,958,645	\$7,580,152	(\$1,378,493)
9	BAD DEBTS	\$1,246,161	\$3,349,408	\$2,103,247
10	TOTAL UNCOMPENSATED CARE	\$10,204,806	\$10,929,560	\$724,754
11	TOTAL OTHER OPERATING REVENUE	\$147,824,225	\$157,220,714	\$9,396,489
12	TOTAL OPERATING EXPENSES	\$120,493,484	\$126,168,018	\$5,674,534

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,610.15660	2,675.75400	65.59740
2	MEDICARE	4,854.34699	4,556.75412	(297.59287)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	968.61071	1,007.90550	39.29479
4	MEDICAID	913.04154	1,007.90550	94.86396
5	OTHER MEDICAL ASSISTANCE	55.56917	0.00000	(55.56917)
6	CHAMPUS / TRICARE	8.25280	8.19252	(0.06028)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	87.19980	97.24176	10.04196
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,831.21050	5,572.85214	(258.35836)
	TOTAL CASE MIX ADJUSTED DISCHARGES	8,441.36710	8,248.60614	(192.76096)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,246.43025	4,921.71743	-324.71282
2	MEDICARE	2,219.03692	2,317.89394	98.85702
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,587.91840	1,740.62244	152.70404
4	MEDICAID	1,524.27417	1,740.62244	216.34827
5	OTHER MEDICAL ASSISTANCE	63.64423	0.00000	-63.64423
6	CHAMPUS / TRICARE	26.37347	10.09496	-16.27851
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	380.08572	331.94160	-48.14412
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	3,833.32878	4,068.61134	235.28255
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	9,079.75903	8,990.32877	-89.43026
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,505.25	\$8,165.01	\$659.76
2	MEDICARE	\$7,707.35	\$7,997.21	\$289.87
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,336.53	\$5,238.91	(\$1,097.62)
4	MEDICAID	\$6,679.51	\$5,238.91	(\$1,440.60)
5	OTHER MEDICAL ASSISTANCE	\$701.05	\$0.00	(\$701.05)
6	CHAMPUS / TRICARE	\$14,217.24	\$3,267.00	(\$10,950.23)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,318.37	\$1,691.14	\$372.76
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,488.86	\$7,491.39	\$2.54
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,493.93	\$7,709.91	\$215.98
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,818.62	\$7,367.66	\$549.04
2	MEDICARE	\$5,977.33	\$6,089.65	\$112.33
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,293.47	\$3,125.04	(\$168.44)
4	MEDICAID	\$3,415.54	\$3,125.04	(\$290.50)
5	OTHER MEDICAL ASSISTANCE	\$370.07	\$0.00	(\$370.07)
6	CHAMPUS / TRICARE	\$4,521.40	\$7,903.75	\$3,382.35
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,116.14	\$991.88	(\$124.26)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,855.55	\$4,825.84	(\$29.71)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,989.84	\$6,217.35	\$227.51

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$3,904,870	\$5,160,276	\$1,255,406
2	OTHER MEDICAL ASSISTANCE	\$746,203	\$0	(\$746,203)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,404,785	\$2,305,378	(\$99,406)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,055,858	\$7,465,654	\$409,796
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$381,244,191	\$392,114,700	\$10,870,509
2	TOTAL GOVERNMENT DEDUCTIONS	\$161,395,022	\$163,841,591	\$2,446,569
3	UNCOMPENSATED CARE	\$10,204,806	\$10,929,560	\$724,754
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$91,999,043	\$97,851,561	\$5,852,518
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$263,598,871	\$272,622,712	\$9,023,841
7	TOTAL ACCRUED PAYMENTS	\$117,645,320	\$119,491,988	\$1,846,668
8	UCP DSH PAYMENTS (OHCA INPUT)	\$529,441	\$0	(\$529,441)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$118,174,761	\$119,491,988	\$1,317,227
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3099713092	0.3047373332	(0.0052339759)
11	COST OF UNCOMPENSATED CARE	\$3,163,197	\$3,330,645	\$167,448
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,273,968	\$3,985,169	\$711,201
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,437,165	\$7,315,814	\$878,648
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.62%	36.95%	0.34%
2	MEDICARE	34.13%	34.40%	0.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.28%	25.53%	-2.76%
4	MEDICAID	31.50%	25.53%	-5.97%
5	OTHER MEDICAL ASSISTANCE	1.66%	0.00%	-1.66%
6	CHAMPUS / TRICARE	70.76%	14.55%	-56.21%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.53%	6.74%	1.21%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.21%	32.92%	-0.29%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	34.20%	34.20%	0.00%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.37%	33.65%	-0.73%
2	MEDICARE	20.03%	20.01%	-0.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.48%	19.73%	-0.75%
4	MEDICAID	22.55%	19.73%	-2.82%
5	OTHER MEDICAL ASSISTANCE	0.96%	0.00%	-0.96%
6	CHAMPUS / TRICARE	27.27%	25.79%	-1.48%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.53%	4.55%	-0.98%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	20.19%	19.95%	-0.24%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	27.71%	27.11%	-0.60%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$117,645,317	\$119,491,988	\$1,846,671
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$529,441	\$0	(\$529,441)
	OHCA DEFINED NET REVENUE	\$118,174,758	\$119,491,988	\$1,317,230
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$88,277)	\$2,506,355	\$2,594,632
4	CALCULATED NET REVENUE	\$118,086,481	\$121,998,343	\$3,911,862
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$118,086,481	\$121,998,344	\$3,911,863
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$1)	(\$1)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$381,244,191	\$392,114,700	\$10,870,509
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$381,244,191	\$392,114,700	\$10,870,509
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$381,244,191	\$392,114,736	\$10,870,545
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$36)	(\$36)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,204,806	\$10,929,560	\$724,754
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,204,806	\$10,929,560	\$724,754
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$10,204,809	\$10,929,560	\$724,751
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)	\$0	\$3

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,121,000
2	MEDICARE	105,948,701
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,685,410
4	MEDICAID	20,685,410
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	183,889
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,439,472
	TOTAL INPATIENT GOVERNMENT CHARGES	\$126,818,000
	TOTAL INPATIENT CHARGES	\$185,939,000
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$107,769,206
2	MEDICARE	70,527,815
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27,569,287
4	MEDICAID	27,569,287
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	309,392
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,230,020
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$98,406,494
	TOTAL OUTPATIENT CHARGES	\$206,175,700
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$166,890,206
2	TOTAL GOVERNMENT ACCRUED CHARGES	225,224,494
	TOTAL ACCRUED CHARGES	\$392,114,700
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,847,550
2	MEDICARE	36,441,342
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,280,329
4	MEDICAID	5,280,329
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	26,765
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	164,449
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$41,748,436
	TOTAL INPATIENT PAYMENTS	\$63,595,986
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,261,535
2	MEDICARE	14,115,169
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,439,510
4	MEDICAID	5,439,510
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	79,788
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	329,245
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$19,634,467
	TOTAL OUTPATIENT PAYMENTS	\$55,896,002
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$58,109,085
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	61,382,903
	TOTAL ACCRUED PAYMENTS	\$119,491,988

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,700
2	MEDICARE	3,482
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,306
4	MEDICAID	1,306
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	112
	TOTAL GOVERNMENT DISCHARGES	4,794
	TOTAL DISCHARGES	7,494
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.99102
2	MEDICARE	1.30866
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.77175
4	MEDICAID	0.77175
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.36542
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.86823
	TOTAL GOVERNMENT CASE MIX INDEX	1.16246
	TOTAL CASE MIX INDEX	1.10069
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$157,220,714
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$59,369,153
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$97,851,561
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	62.24%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$7,580,152
9	BAD DEBTS	\$3,349,408
10	TOTAL UNCOMPENSATED CARE	\$10,929,560
11	TOTAL OTHER OPERATING REVENUE	\$6,027,457
12	TOTAL OPERATING EXPENSES	\$126,168,018

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$119,491,988
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$119,491,988
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,506,355
	CALCULATED NET REVENUE	\$121,998,343
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$121,998,344
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$392,114,700
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$392,114,700
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$392,114,736
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$36)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,929,560
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,929,560
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$10,929,560
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	455	382	(73)	-16%
2	Number of Approved Applicants	362	328	(34)	-9%
3	Total Charges (A)	\$8,958,645	\$7,580,152	(\$1,378,493)	-15%
4	Average Charges	\$24,748	\$23,110	(\$1,637)	-7%
5	Ratio of Cost to Charges (RCC)	0.335714	0.312949	(0.022765)	-7%
6	Total Cost	\$3,007,543	\$2,372,201	(\$635,342)	-21%
7	Average Cost	\$8,308	\$7,232	(\$1,076)	-13%
8	Charity Care - Inpatient Charges	\$4,246,224	\$1,364,427	(\$2,881,797)	-68%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	2,844,741	4,851,297	2,006,556	71%
10	Charity Care - Emergency Department Charges	1,867,680	1,364,428	(503,252)	-27%
11	Total Charges (A)	\$8,958,645	\$7,580,152	(\$1,378,493)	-15%
12	Charity Care - Number of Patient Days	9,288	6,401	(2,887)	-31%
13	Charity Care - Number of Discharges	1,404	1,134	(270)	-19%
14	Charity Care - Number of Outpatient ED Visits	2,214	1,150	(1,064)	-48%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	5,670	4,117	(1,553)	-27%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$124,616	\$234,459	\$109,843	88%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	573,234	1,172,293	599,059	105%
3	Bad Debts - Emergency Department	548,311	1,942,656	1,394,345	254%
4	Total Bad Debts (A)	\$1,246,161	\$3,349,408	\$2,103,247	169%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$8,958,645	\$7,580,152	(\$1,378,493)	-15%
2	Bad Debts (A)	1,246,161	3,349,408	2,103,247	169%
3	Total Uncompensated Care (A)	\$10,204,806	\$10,929,560	\$724,754	7%
4	Uncompensated Care - Inpatient Services	\$4,370,840	\$1,598,886	(\$2,771,954)	-63%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	3,417,975	6,023,590	2,605,615	76%
6	Uncompensated Care - Emergency Department	2,415,991	3,307,084	891,093	37%
7	Total Uncompensated Care (A)	\$10,204,806	\$10,929,560	\$724,754	7%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,					
ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$147,824,225	\$157,220,714	\$9,396,489	6%
2	Total Contractual Allowances	\$91,999,043	\$97,851,561	\$5,852,518	6%
	Total Accrued Payments (A)	\$55,825,182	\$59,369,153	\$3,543,971	6%
	Total Discount Percentage	62.24%	62.24%	0.00%	0%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$177,105,304	\$184,980,450	\$185,939,000
2	Outpatient Gross Revenue	\$176,367,618	\$196,263,741	\$206,175,700
3	Total Gross Patient Revenue	\$353,472,922	\$381,244,191	\$392,114,700
4	Net Patient Revenue	\$119,312,297	\$118,086,481	\$121,998,344
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$119,759,030	\$120,493,484	\$126,168,018
C. <u>Utilization Statistics</u>				
1	Patient Days	33,581	33,429	31,549
2	Discharges	7,533	7,719	7,494
3	Average Length of Stay	4.5	4.3	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	67,022	68,897	66,532
0	Equivalent (Adjusted) Discharges (ED)	15,035	15,909	15,804
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.11591	1.09358	1.10069
2	Case Mix Adjusted Patient Days (CMAPD)	37,473	36,557	34,726
3	Case Mix Adjusted Discharges (CMAD)	8,406	8,441	8,249
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	74,791	75,345	73,231
5	Case Mix Adjusted Equivalent Discharges (CMAED)	16,777	17,398	17,395
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$10,526	\$11,405	\$12,429
2	Total Gross Revenue per Discharge	\$46,923	\$49,390	\$52,324
3	Total Gross Revenue per EPD	\$5,274	\$5,534	\$5,894
4	Total Gross Revenue per ED	\$23,511	\$23,964	\$24,812
5	Total Gross Revenue per CMAEPD	\$4,726	\$5,060	\$5,354
6	Total Gross Revenue per CMAED	\$21,068	\$21,914	\$22,542
7	Inpatient Gross Revenue per EPD	\$2,642	\$2,685	\$2,795
8	Inpatient Gross Revenue per ED	\$11,780	\$11,628	\$11,766

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,553	\$3,532	\$3,867
2	Net Patient Revenue per Discharge	\$15,839	\$15,298	\$16,279
3	Net Patient Revenue per EPD	\$1,780	\$1,714	\$1,834
4	Net Patient Revenue per ED	\$7,936	\$7,423	\$7,720
5	Net Patient Revenue per CMAEPD	\$1,595	\$1,567	\$1,666
6	Net Patient Revenue per CMAED	\$7,112	\$6,788	\$7,013
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,566	\$3,604	\$3,999
2	Total Operating Expense per Discharge	\$15,898	\$15,610	\$16,836
3	Total Operating Expense per EPD	\$1,787	\$1,749	\$1,896
4	Total Operating Expense per ED	\$7,966	\$7,574	\$7,983
5	Total Operating Expense per CMAEPD	\$1,601	\$1,599	\$1,723
6	Total Operating Expense per CMAED	\$7,138	\$6,926	\$7,253
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$17,033,289	\$18,665,249	\$20,006,613
2	Nursing Fringe Benefits Expense	\$4,526,561	\$5,608,641	\$6,349,548
3	Total Nursing Salary and Fringe Benefits Expense	\$21,559,850	\$24,273,890	\$26,356,161
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$6,156,928	\$5,144,632	\$3,479,944
2	Physician Fringe Benefits Expense	\$1,636,192	\$1,545,889	\$1,104,438
3	Total Physician Salary and Fringe Benefits Expense	\$7,793,120	\$6,690,521	\$4,584,382
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$30,325,007	\$30,294,911	\$30,093,715
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$8,058,813	\$9,103,188	\$9,550,917
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$38,383,820	\$39,398,099	\$39,644,632
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$53,515,224	\$54,104,792	\$53,580,272
2	Total Fringe Benefits Expense	\$14,221,566	\$16,257,718	\$17,004,903
3	Total Salary and Fringe Benefits Expense	\$67,736,790	\$70,362,510	\$70,585,175

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	278.3	305.0	325.2
2	Total Physician FTEs	63.1	64.0	45.9
3	Total Non-Nursing, Non-Physician FTEs	587.7	589.0	569.5
4	Total Full Time Equivalent Employees (FTEs)	929.1	958.0	940.6
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$61,205	\$61,198	\$61,521
2	Nursing Fringe Benefits Expense per FTE	\$16,265	\$18,389	\$19,525
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$77,470	\$79,587	\$81,046
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$97,574	\$80,385	\$75,816
2	Physician Fringe Benefits Expense per FTE	\$25,930	\$24,155	\$24,062
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$123,504	\$104,539	\$99,878
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$51,599	\$51,434	\$52,842
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,712	\$15,455	\$16,771
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$65,312	\$66,890	\$69,613
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$57,599	\$56,477	\$56,964
2	Total Fringe Benefits Expense per FTE	\$15,307	\$16,970	\$18,079
3	Total Salary and Fringe Benefits Expense per FTE	\$72,906	\$73,447	\$75,043
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,017	\$2,105	\$2,237
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,992	\$9,115	\$9,419
3	Total Salary and Fringe Benefits Expense per EPD	\$1,011	\$1,021	\$1,061
4	Total Salary and Fringe Benefits Expense per ED	\$4,505	\$4,423	\$4,466
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$906	\$934	\$964
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,037	\$4,044	\$4,058